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OVERALL PROGRESS IN THE IMPLEMENTATION OF EVALUATION ACTIVITIES IN UNICEF

SUMMARY

The present report includes an assessment of the progress and results of evaluation activities in UNICEF since 1984 when the Executive Board approved new guidelines based on a report that year on evaluation activities in UNICEF (E/ICEF/1984/L.3).

The introduction is followed by the background to the report in chapter I and an overview of the implementation of evaluation functions since 1984 in chapter II. Chapter III provides information on actual experiences in using evaluation within the programme cycle, including lessons learned, while chapter IV presents a forward-looking strategy for strengthening the evaluation function during the 1990s. Chapter V proposes a series of recommendations for Executive Board approval.

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INTRODUCTION

1. At its 1990 session, the Executive Board requested the Executive Director, in decision 1990/4 (E/ICEF/1990/13), to prepare a report on progress and results achieved in the implementation of the 1984 recommendations on evaluation activities in UNICEF (E/ICEF/1984/L.3) for the 1992 regular session of the Executive Board. The Board further requested the Executive Director to analyse the key lessons learned from evaluation reports over the two years prior to 1992, to report on the extent to which evaluation results and recommendations are being utilized at the country level and at headquarters, and to report on measures adopted for improving the evaluation function within UNICEF. The Executive Board also requested information on the estimated annual costs of evaluation and a detailed organization-wide evaluation plan for the coming year, including a timetable, estimated costs and types and focus of evaluation. The present document addresses those issues.

I. OVERVIEW

A. Background

2. Since the 1984 report to the Executive Board on evaluation activities in UNICEF, the number of evaluations undertaken have increased significantly, and the organization's capacity and structure for supporting the evaluation function within programme activities have been enhanced. The 1984 document reported a total of 287 evaluations completed during the three-year period 1980-1982. The table below shows that 788 evaluations were completed during a similar three-year period, 1988-1990.

3. These figures are important since they represent nearly a threefold increase in the number of evaluations and reflect a greater effort to conduct evaluations in all regions and country programmes. In order to assure objectivity, the evaluations have involved consultants, research groups and academic institutions from the country of programme implementation as well as from other countries. Additionally, this strategy is carried out with the conscious perspective of supporting and strengthening the research and evaluation capacity and the institutional self-reliance of the countries with which UNICEF collaborates.

4. The present report reviews the current state of the evaluation function in UNICEF and outlines directions for the future. Since it is constrained by the page limitation for Executive Board documents, it reports more in breadth than depth on the evaluation function and on evaluation activities in UNICEF. It presents an overview of the institutional inputs in the evaluation process (training), the outputs (numbers of evaluations) and the outcomes (changes in policy and activities resulting from evaluation). Subsequent reports to the Executive Board on evaluation will be more narrowly focused in order to offer greater depth of analysis and presentation.

B. Objectives of monitoring and evaluation in UNICEF

5. The objectives of monitoring and evaluation, as set out in the "UNICEF guide for monitoring and evaluation", are:

(a) To improve the management of programmes, projects and supporting activities and to ensure optimum use of funds and other resources;

(b) To learn from experience so as to improve the relevance, methods and outcomes of cooperative programmes;

(c) To strengthen the monitoring and evaluation capacities of cooperating government agencies, non-governmental organizations and local communities;

(d) To meet the requirements for reporting to donors in order to ensure that their resources are being used effectively, efficiently and for the agreed upon objectives;

(e) To provide information for enhancing advocacy for policies, programmes and resources to improve the condition of women and children;

(f) To assist in the development and modification of policy.

II. IMPLEMENTATION OF EVALUATION SINCE 1984

A. Changes in evaluation structures, roles and responsibilities since 1984

6. Since the last report was presented to the Executive Board in 1984, steps have been taken to strengthen the monitoring and evaluation capacity of UNICEF. These include organizational changes, which have established clearer and more integrated responsibilities at headquarters, regional and country office levels; the publication and dissemination of guidelines for monitoring and evaluation; and increased staff training. The following three subsections provide details of these developments.

Country offices

7. It is the role of the UNICEF representative to ensure that adequate UNICEF staff resources are dedicated to evaluating tasks at appropriate stages of the programming cycle; that communication with government officials and other partners facilitates the evaluation process; and that the UNICEF staff participates closely in decision-making throughout the process. Particularly critical in this is the oversight responsibility that the representative has for the preparation of the country programme recommendation, including its evaluation plan (see paras. 46-49 below).

Regional offices

8. All regional offices have now incorporated monitoring and evaluation functions into regular operations. Some of the regional offices have appointed monitoring and evaluation officers or advisers, while others have entrusted that function to planning officers. Experience shows that the latter decision is less satisfactory since programming responsibilities restrict the ability of the officers to devote adequate attention to evaluation responsibilities.

9. The evaluation function at the regional level focuses on strengthening the monitoring and evaluation capacities of UNICEF officers and their government counterparts through the following: coordination with the Evaluation Office and Programme Division at headquarters; the provision of technical assistance and oversight to support the effective monitoring and evaluation of country projects and programmes; the provision of technical support to the field offices; and the preparation or review of training plans. The functional relationships between regional and country offices and headquarters in the evaluation process are improving.

Headquarters

10. With the aim of upgrading the evaluation function in UNICEF, in 1987, the former Planning and Evaluation Section within Programme Division became an independent unit known as the Evaluation Office, reporting directly to the Deputy Executive Director, Programmes. Seven Professional posts and six posts for support staff are currently allocated to this Office.

11. The Evaluation Office has the following defined functions: to reinforce the organization's capacity to address evaluation needs, with an emphasis on the requirements of country offices and capacity-building in countries; to provide assistance in the review of policies and guidelines for evaluation; to establish a database of evaluation reports; to prepare thematic evaluations for assessing given sectors or activities in selected country programmes; to respond to donors' requests for evaluations; to provide technical support and staff training; to assist country offices in conducting monitoring, evaluations, research and studies; and to promote, initiate or support operational or applied research on selected topics of relevance to programme implementation.

12. The system of evaluation focal points in country offices was initiated in 1987 in order to strengthen the management structure for this function. In each office, a specific person is designated as a contact officer for evaluation matters. These focal points have the following responsibilities: to assist in designing, updating, implementing and monitoring plans to promote and support evaluations, and to share evaluation results; to disseminate information on lessons learned from evaluations within the office for use in the programming process and in project-level planning; to prepare proposals for training both government and UNICEF staff; and to promote improved monitoring and evaluation.

Quantitative and qualitative review of evaluations

13. There has been a significant increase in the number of evaluations since 1987, from 129 to 229 in 1991 (see the table below). The sharp increase in 1989, and the relatively higher number for 1990, are due to the now discontinued practice of counting each provincial-level expanded programme on immunization (EPI) and control of diarrhoeal diseases (CDD) survey individually, rather than as one aggregate national survey with provincial-level data. Thus, in 1989, of the 141 evaluations in the Middle East and North Africa region, 100 were for provincial EPI and CDD coverage in Turkey. In 1990, of the 44 evaluations in the Middle East and North Africa region, 26 were for provincial-level EPI coverage surveys in Egypt.

14. Both the Latin American and Caribbean region and the West and Central Africa region demonstrate a trend towards increased evaluation, while a drop in evaluations in the Eastern and Southern Africa region - following steady increases - has become apparent and merits special attention in future evaluation plans. The reorganization of the two regions in Asia (East Asia and the Pacific region and South Asia region) in 1991 resulted in a lower number of evaluations for the East Asia and the Pacific region and a concomitant increase in the numbers for the South Asia region in 1991. (Bangladesh and Pakistan, two prolific producers of evaluations, were moved from the East Asia and the Pacific region to the South Asia region in 1991.)

Evaluations completed

(October 1986-September 1991)

Region	1987	1988	1989	1990	1991
East Asia and the Pacific	22	19	34	50	24
Eastern and Southern Africa	20	35	52	67	41
Middle East and North Africa	13	37	141	44	20
South Asia	48	56	25	25	36
Latin America and the Caribbean	8	30	32	24	60
West and Central Africa	18	41	38	38	48
Total	129	218	322	248	229

15. Based on information provided in the annexes to the annual reports for 1991, almost all evaluations, including coverage surveys, focused on the process. Although details are limited in these annexes, a preliminary analysis of the types of evaluations to be undertaken in 1992 suggests that the distribution may change as follows: 13 per cent are identified as impact evaluations; approximately 77 per cent will focus on the process and coverage (planning, strategy, implementation measures, etc.); and the remaining categories (cost, end of project/programme) will constitute about 10 per cent of those proposed. In the execution of the evaluation plans, this distribution will probably change since certain evaluations may be cancelled, while others may be added.

16. The annual distribution of evaluations by sector from 1988 to 1991, and those projected for 1992, has remained fairly stable since 1988. Health has consistently been a major focus (55 per cent in 1988, 51 in 1991), followed in the same years, by nutrition (16 and 12 per cent) and water supply and sanitation (8 and 10 per cent). The education sector has increased from a low of 5 per cent in 1988 to 10 per cent in 1991.

17. Certain sectors in which relatively few evaluations have been completed (e.g., emergency and rehabilitation) might benefit, for example, from increased attention, while other more heavily evaluated sectors may be experiencing a declining level of information return at current or increased levels of evaluation. This programmatic issue requires closer examination in order to establish where important information gaps lie and what areas of knowledge could be most usefully enhanced, given the limited resources available to UNICEF.

Joint evaluations with donors

18. For the period 1988-1990, more than 100 evaluations were conducted jointly with donors. These evaluations met a number of requirements, including their use as a basis for further funding and for policy concerns. They also allowed innovative strategies to be assessed, programme impact and management to be evaluated and inter-agency cooperation and coordination to be reviewed. The evaluations covered the areas of water supply and sanitation, growth monitoring, nutrition, education and health, including essential drugs. EPI and child survival and development (CSD) evaluations are now high on the priority list of donors. Some of the institutions and Governments involved include the Canadian International Development Agency, the Danish International Development Agency, the Government of Italy, the United States Agency for International Development (USAID), the Swedish International Development Authority, Rotary International, the Government of Switzerland, the Overseas Development Administration (ODA) of the United Kingdom of Great Britain and Northern Ireland, Save the Children Fund and the European Economic Community.

19. Joint evaluations, although managerially more complex, are advantageous for a number of reasons. They maximize resources for evaluation, expand the range of skills available to UNICEF, enhance objectivity and protect the time of host country officials by combining evaluations in the same programme/project area.

Financial commitments

20. In 1986, the Executive Board requested all country offices to allocate 2 to 5 per cent of country programme funds to evaluative activities. By 1989, all regions had met that target. With the introduction of the new programme coding system in 1990, expenditures for that year are not completely comparable to those of previous years. Nevertheless, indications are that the level of expenditure in all regions did fall within the requested range in 1990.

B. Improvements in the methodology and use of evaluation in UNICEF

21. The past decade has seen many advances in the use of methodologies for evaluation. New and existing evaluation methods have been adapted to UNICEF requirements, and technologies that provide new tools for improved evaluation have been introduced. A description of some of these methods is provided in the following sections.

Community-based epidemiological research, monitoring and evaluation

22. Since 1984, UNICEF has supported pioneering work in the application of epidemiological methods in monitoring and evaluation at national, subnational and community levels. In applying these methods, national management capacity is being strengthened by training decision makers and technicians at central, district and local levels in simple, but scientifically valid, measurement techniques. The "sentinel sites" survey methodology is being used to measure impact, coverage and the cost of health interventions; to analyse results rapidly using inexpensive laptop computers; and to provide feedback in ways that infuse community and health authorities with the will to act in resolving the problems being investigated.

23. In this case, the term "sentinel sites" refers to entire communities, or portions of communities, chosen as representative of the problem under study. Such sites, with proper weighting and validation, serve as the basis for a national surveillance system, or for checking the validity of routine information systems. Repeated short surveys at these sites make it possible to measure how the impact of health activities influences changes in risk factors, thereby enabling decision makers at all levels, including those in the communities, to take cost-effective action. This methodology is being used successfully in the countries of Central America, as well as in Mexico, Angola and India. In the coming years, it is proposed to extend this approach to sectors other than health.

Cost analysis

24. Since the mid-1980s, increasing attention has been paid to the assessment of programme costs. Costing guidelines, developed for EPI by the World Health Organization (WHO), were refined during the 1980s using computer software to simplify costing. These methods have been applied widely to UNICEF-supported immunization programmes, particularly in Africa, usually as part of evaluations.

25. For other primary health care services, similar costing approaches have been developed jointly by UNICEF, WHO and other organizations. For example, a cost study has been conducted recently as part of an evaluation of growth monitoring and promotion activities in China and Indonesia. Cost-analysis methods are also being applied in sectors such as water supply and sanitation, and in early childhood development activities. Detailed cost-analysis has been conducted for community-based nutrition-oriented programmes in the United Republic of Tanzania, where national-scale programme coverage has been facilitated by analysing the initial start up, expansion and operating costs of activities. Within the framework of the Bamako Initiative, research on the costs of curative health services is being carried out in several countries.

26. Costing exercises have been found to be a useful means of addressing the crucial financial aspects of sustainability. Cost-analysis has led to efforts to identify alternative funding sources to meet EPI requirements. In a recent evaluation of service delivery projects in Latin America, cost issues proved important. In Brazil, the evaluators found that small enterprises initiated by women in the project had become financially self-sustaining, while in Mexico the community kitchen model was found to be too costly to be maintained.

27. The evaluation of programme costs and financing will increase during the coming years. The assistance of the new Costs and Economics Unit in the UNICEF Programme Division will be instrumental, since it will be concerned, inter alia, with costing the various country-specific strategies being suggested for attaining national goals for children.

Immunization coverage surveys

28. Many evaluations completed in the last four years have been on immunization coverage and, within these, the use of new methodologies for evaluation has been prominent. Firstly, within sample survey techniques, the use of the "30 cluster methodology" developed by WHO, has become widespread. Secondly, for monitoring and self-evaluation at the local level, the use of monthly targets of children to be immunized, based on estimates of the numbers of eligible children, has been adopted in a number of countries.

Mortality measurement

29. The ranking of countries using the under-five mortality rate in the State of the World's Children report has highlighted the gaps in, and the varied interpretations of, available data. To correct this situation, the UNICEF Statistics Office has been working with the United Nations Population Division and national demographers to reach a consensus on mortality levels and, where there is sufficient data, on mortality trends.

30. UNICEF also advocates, where appropriate, the inclusion of questions in censuses and national surveys, from which mortality estimates can be calculated. It also supports the application of recently developed mortality measurement techniques for estimating maternal mortality rates. The London School of Hygiene and Tropical Medicine collaborated with the Middle East and North Africa Regional Office in applying some of those techniques. UNICEF resources have also been used in a number of countries to support the USAID-funded Demographic and Health Survey Programme.

Rapid assessment procedures

31. Rapid assessment procedures have been developed and used to assess the impact of projects on beneficiary communities, primarily through the use of idea-interaction techniques at the community level. The aim is to place the main weight of conclusions drawn regarding the effectiveness or impact of the activity or project being evaluated on views in the community that have been technically derived and analysed. To do this, the approach relies primarily on anthropological techniques for data collection, which have been specifically devised for this purpose. Rapid assessment procedure methods include techniques such as observation, participatory mapping, focused group discussion and interviews with key informants in order to understand traditional beliefs, perceptions, behaviour and related decision-making processes in the community. Quantitative data and review of other materials are also used in rapid assessment procedures.

32. One evaluation that has made use of many of the methods outlined above is the ongoing thematic evaluation, coordinated by the Evaluation Office, on growth monitoring and promotion. Rapid assessment procedures have also been used to evaluate the promotion of oral rehydration salts (ORS) and the effect of social mobilization on EPI programmes.

33. UNICEF and the United Nations University have collaborated on the preparation and issuance of a manual and video that are available in English, Spanish, French and Chinese. An international conference on rapid assessment procedures held at Washington in November 1990 provided a forum for exchanging experiences among researchers, government officials and UNICEF staff. As a result, the diffusion of knowledge on a number of component methodologies within rapid assessment procedures, such as participatory mapping, has increased in UNICEF.

Involvement of programme managers in evaluations

34. Traditional methodology calls for evaluations to be conducted by a team of independent, competent professionals. Yet, one lesson UNICEF has learned from experience is that evaluations using this approach are not put to best use unless those who are expected to implement the results are involved in the planning and in the subsequent stages of evaluation. The supportive involvement of programme/project managers in evaluations conducted by independent teams prompts the managers to reflect on project design, strategy and post-evaluation implementation, and helps to build national capacity.

III. EVALUATION AND THE PROGRAMME CYCLE

35. The present chapter is divided into four parts. The first gives an overview of measures taken to strengthen evaluation in the programming process over the last few years. The second summarizes the process itself, describing where evaluation fits into the broader picture. The third section uses specific country examples of the functional roles and consequences of using evaluation at national, programme and project/activity levels for country-level decision-making. The fourth section attempts, within a global summary, to provide a more detailed micro-view of the use of evaluation and of lessons learned at sectoral and cross-cutting levels.

A. Measures taken to strengthen evaluation in support of programmes

36. Over the years, varied steps have been taken to improve programme and project planning using measures to help country offices and government counterparts in defining problems, identifying causes, setting objectives and selecting courses of action for the attainment of objectives. Most programming directives and manuals were originally written in the late 1970s. Subsequently, annual and mid-term reviews and strategy meetings were introduced to assist country offices and government counterparts to develop standard planning and programming methodologies. These changes were followed by a period of important changes in the planning approach, which became more goal-oriented, thereby allowing for the attainment of objectives to be measured during implementation.

37. The principle of setting quantifiable and measurable objectives is linked to another modification in planning and management - the introduction of the programme information database in 1986. Central to the application of the database is the notion that all activities that form part of a country programme can be broken down logically into an interlinked hierarchy, with quantifiable and measurable objectives. A set of activities are linked to form a project, and implementation of these activities should result in the achievement of project objectives. Likewise, a set of projects are linked together to form a sectoral programme, and the achievement of the project objectives should result in the achievement of the programme objectives. A

set of sectoral programmes are linked together to form a country programme, and the achievement of these objectives should mean that the country programme objectives will be reached.

38. Efforts to develop the programme information database resulted in "Guidelines for a new unified programme budget system and revised programme coding", which were communicated to country offices in 1989 and introduced through eight training workshops. Further modifications are now being made to these guidelines, based on experience in their application.

Training

39. In 1986, the Training Section developed a basic staff training package covering programme policies and planning, the formulation and implementation of programmes and projects, and monitoring and evaluation. Training workshops based on this package have been conducted at regional, subregional and country office levels. During the period 1987-1990, more than 450 staff members, or about 25 per cent of the Professional staff, participated in these workshops.

40. In 1988, UNICEF identified the need for representatives and middle-level professionals to have more comprehensive training in evaluation. To this end, the Evaluation Office coordinated a series of 10-day regional workshops on programming and evaluation in Mexico, Mali and Nigeria during 1989-1991, and in Malawi in 1992. A total of 100 staff members participated. One workshop on "Training trainers in essential epidemiology and sentinel site survey methodology" was conducted in 1990 for 18 participants. Two additional monitoring and evaluation workshops are planned for the rest of 1992 in Asia and Latin America.

41. In addition, subject-focused workshops, such as those on EPI, have included sessions on monitoring and evaluation. Approximately 15 per cent of Professional staff have attended these workshops. In 1987, the Training Section introduced two-week orientation programmes for new representatives, during which one session is devoted to the role of the representative in managing evaluations.

42. In-service training has helped to enhance the analytical skills of UNICEF Professionals, but overall the educational level of International Professional staff in UNICEF has increased steadily. For example, for the years 1984 and 1991, the percentage of P-1/L-1 and P-2/L-2 staff with a second academic degree increased from 23 to 56 per cent, and the number of staff in the P-3/L-3 and P-4/L-4 levels with a third university degree increased by 45 per cent. This trend reflects both changes in the qualifications of newly recruited staff and efforts by existing staff to upgrade their skills. There are also indications that the academic background of national Professionals is at least equal to that of staff in the international category.

43. In 1991, the Evaluation Office also published a UNICEF Guide for Monitoring and Evaluation, which consolidates and updates guidelines on monitoring and evaluation to bring them in line with evolving policy and

Executive Board guidance on evaluation since 1984. The manual also supports the institutionalization of evaluation as an instrument for improving programme development and implementation.

44. An Evaluation Office database that was developed in 1987 is still in use. However, the need for better management of the evaluation function at the country-office level through more effective use of evaluation information led to the first stages of development of a more useful institutional memory system. This new database system is being developed to combine the management of the evaluation process with maintaining a memory system permitting extensive analysis for use by headquarters and regional and country offices.

B. Structured use of evaluation in the country programme cycle

45. The country programming process consists of sequential phases that follow a cyclical pattern, usually over a five-year period. A detailed presentation of this process was made to the 1991 Executive Board in document E/ICEF/1991/CRP.16. The programmes being submitted to the Executive Board in 1992 have followed the cycle described below.

46. A new programming cycle starts with the preparation of an initial position paper, which is a brief overview of the situation of children, based on the results of the most recent mid-term programme review, and on an analysis of relevant evaluations carried out between the time of the review and the preparation of the position paper.

47. The preparation of the situation analysis and a programme strategy meeting with the Government are the next steps.

48. The programme strategy meeting uses the conclusions of the situation analysis and the findings of the previous mid-term review to establish consensus on the priority problems of women and children, the specific goals relevant to the country situation and the framework of the new programme of cooperation.

49. The next stage involves the programme preview and programme review meetings. In these meetings, the overall country programme recommendation is finalized within an integrated programme structure and the objectives for each programme or project are specified in the master plan of operations. This includes details on measuring the key activities and who is responsible for each, the implementation time-frames, the mechanisms for monitoring and evaluation, the schedule of evaluations and budgets. This is followed by the preparation of the country programme recommendation and its review by the Executive Board.

50. Implementation of the country programme recommendation commences once it is approved by the Executive Board. An annual plan of action is drawn up for each project, detailing the problems to be addressed, annual project

objectives and targets, time-frames, schedules of operations, plans for monitoring and evaluation, and the annual budget. This plan is examined and adjusted during the annual review, which is a joint exercise with the Government to review implementation of the country programme and to identify problems and possible solutions, taking into account evaluation findings.

51. The findings of the mid-term review, undertaken at a mid-point in the course of each multi-year country programme, are examined, giving particular attention to evaluations carried out up to then. At this juncture, progress to date in achieving programme and project objectives, as set out in the master plan of operations, are reviewed and adjusted, and monitoring and evaluation plans are revised accordingly.

52. The other types of activities described below also have an evaluative function and warrant brief mention. First, audits, which may be performed at any time during the programming cycle, are undertaken by the Office of Internal Audit, and sometimes by external auditors. The audits focus on the degree of compliance with regulations, guidelines and approved plans and budgets.

53. Secondly, each UNICEF country office writes an internal annual report addressed to the Executive Director, which contains a section on evaluation, annexes listing evaluations and studies done during the year, and an evaluation plan for the future. This report is analysed thoroughly at the regional level and/or at headquarters. The results are presented to the regional directors, to the deputy executive directors and to the Executive Director, and feedback is given to the country office. These annexes form the basis of the evaluation database of the Evaluation Office.

54. Thirdly, reports to donors, which are prepared twice yearly in most cases, also provide information that is useful in the evaluation process.

Sharing evaluation results within UNICEF

55. Formal communication of evaluation results to the Professional staff in UNICEF is done through several channels. Meetings to discuss sectors or cross-cutting strategies are organized, normally by Programme Division advisers, and lessons learned are reviewed. UNICEF programme staff and selected outside experts attend these meetings, on the basis of which advisers prepare written reviews that are distributed to staff as "working papers" or programme guidelines. Papers prepared for the Executive Board also provide important summaries of lessons learned.

56. The Evaluation Office reviews technical literature and sends evaluation-focused papers to field offices through its network of evaluation focal points. The central UNICEF library, which carries most technical journals in fields of UNICEF interest, can be used by programme staff via the United Nations pouch system. The UNICEF "Evaluation Newsletter" was first published in September 1986. It is a periodic internal publication that is used to share information among those concerned with and involved in evaluation. It

keeps staff abreast of developments on UNICEF evaluation policy and procedures, and of recent developments in methodology and trends in evaluation planning and implementation. It also summarizes good evaluation reports received by the Evaluation Office; shares training information; and reviews pertinent publications and staff movements. Twelve issues have appeared to date. The first issue in French was distributed in 1987.

C. Specific country examples of the role and consequence of evaluation

57. This section gives examples of how evaluations are used in a country programme preparation process and in a mid-term review, and it describes how evaluation findings are used to modify specific programme and project approaches and activities.

Country programme preparation

58. The "Angola master and programme plan of operations: 1991-1995" is an example of the integration of the monitoring and evaluation function within the country programming process, both in the preparatory phase in the contents of the plan. The "Angola working paper" (March 1990), for example, notes how several programme evaluations were used and how the 1989 mid-term review influenced the development of the programme strategy. Consistently throughout the programme strategy, provisions have been made to support capacity-building for monitoring and evaluating the programmes.

59. Provisions for monitoring and evaluation are also reflected in the master plan of operations. The section on programme strategies calls for monitoring and evaluating the impact, coverage and cost of child health interventions; the section on programme management, monitoring and evaluation notes that specific responsibilities for these activities are defined in each of the corresponding programme plans of operations; and at the national level within each sector, programme management task forces are to be established to implement these tasks. Under a section on social statistics, monitoring and evaluation, there is a provision for the development and implementation of a country programme monitoring and evaluation plan for UNICEF-assisted projects.

60. This plan is to be updated regularly or revised on the basis of progress reports and survey and evaluation findings, which are discussed during the country programme review meetings in June and November of each year. An annual summary report on the monitoring and evaluation plan is to be prepared by UNICEF and the Ministry of Planning and distributed to all cooperating ministries, international and non-governmental agencies and provincial Governments. Finally, within each area of the programme plan of operations, specific sections on monitoring and evaluation give details on measures to be taken in the area of programme activity.

Mid-term review

61. The 1991 mid-term review of the 1989-1993 plan of operations for Kenya provides an example of a mid-term correction to monitoring and evaluation activities within a plan of operations. Preparations for the review began in March 1991, with the formation of an inter-ministerial task force to prepare the necessary documentation for the formal review. From the original documentation, the task force prepared summaries and evaluation schema for each major component of the CSD programme. During the review, these were discussed in working groups and plenary sessions. Recommendations to the Minister of Health were prepared and they formed the basis of a modified strategy paper.

62. The modified strategy indicated the need for monitoring and coordination mechanisms at both national and district levels to improve implementation, efficiency and accountability. It was determined that an overall plan to monitor and evaluate progress towards the set objectives would be established immediately following the medium-term review in order to ensure that lessons learned could be acted upon by decision makers at all levels and that concrete follow-up actions were undertaken by all concerned. Specific evaluations were recommended in order to determine how to strengthen the implementation of the strategy. Similar reformulations of the strategy were also developed for several areas of the plan of operations.

Programme and project approaches

Indonesia

63. The rural water supply and sanitation programme in Indonesia, when initiated, aimed at installing water supply and sanitation facilities, including dug wells, hand-pumps, gravity pipe schemes, protected springs, rainwater collectors, family latrines, school latrines and public latrines. The evaluation of the programme focused on the physical status of facilities, on community participation and on management issues.

64. The evaluation identified constraints in all three areas: poor maintenance of hand-pumps in contrast to a continuing high rate of use for dug wells; limited involvement of villagers in the planning and installation of facilities owing to inadequate guidelines, thereby exacerbating maintenance problems; and confusion and overlap in management responsibilities among multisector ministries as a result of undefined roles.

65. These results were used by the Government of Indonesia to develop common strategies for all donors and ministries in order to improve implementation. However, in the light of the relatively low percentage of functioning facilities, the Government transferred responsibility for technical support for this programme from the Ministry of Health to the Ministry of Public Works, and reduced the scope of the programme from national coverage to areas where donor-funded projects were operational. This change has increased the technical inappropriateness of systems and has had adverse effects for the communities. This situation has been under review by the Government and UNICEF.

Brazil

66. In the late 1980s, the Government, in cooperation with WHO and UNICEF, promoted three strategies for introducing and promoting the use of oral rehydration solutions: the pinch and scoop method for the home-based preparation of sugar-salt solution (SSS); the use of plastic measuring spoons for preparing the home-based solution; and the use of packets of ORS, which were available through health centres. An assessment supported by WHO and UNICEF sought to determine the effectiveness of each of these methods through an evaluation in 1989.

67. This evaluation showed that oral rehydration therapy (ORT) was practised for 24 per cent of children with diarrhoea. Of these children, 62 per cent were given home-based SSS, compared with 30 per cent who were given oral rehydration solutions made from the packets available at health centres. Finally, among the users of SSS, less than 1 per cent used the pinch and scoop method, while the others used plastic measuring spoons for preparing the solution. These baseline results highlighted the low utilization of health centre services and supported a community-based strategy of recommending the SSS preparation and use at home.

68. This led to the abandonment of the promotion of the pinch and scoop method of SSS preparation, and to the distribution, instead, of about 10 million plastic spoons for preparing SSS solutions at home. The distribution of ORS packets through health centres was also continued. A follow-up survey in 1991 showed that ORT use had increased from 24 to 48 per cent and that 33 per cent of households had received a plastic spoon for preparing SSS.

Egypt

69. In November 1987, UNICEF and WHO, in collaboration with the Ministry of Health, undertook a national immunization coverage review, which was designed to plot improvements since the previous coverage survey in April 1984. The findings revealed, among other things, that there were 7 governorates, of a total of 26, that were lagging behind in implementation and that tetanus toxoid coverage was even lower than it had been in the 1984 review.

70. The results of the review prompted the Government to act, particularly in the seven lagging governorates. In 1990, another national survey, using the standard WHO cluster survey methodology, was conducted to determine whether Egypt had sustained its high coverage, and if coverage had improved in the lagging governorates. This time surveys were also conducted at the district level. The results of the survey led to action to improve the routine delivery of services and to extend services to underserved and previously neglected areas. Continual assessment has now become a standard feature in the management of immunization services for children and women.

Nepal

71. The Production Credit for Rural Women Project in Nepal was initiated in 1982 to increase the incomes of rural women by encouraging their participation in small-scale production and by enhancing their access to credit through commercial banks. An evaluation was undertaken in 1989 to assess the impact of the project.

72. The evaluation findings were as follows: the income generated by women had a direct bearing on the well-being of their children and became a dependable means of meeting critical basic needs; income generation enhanced the status of women within their families and communities; and the loan repayment rate was excellent overall, averaging 100 per cent from agricultural projects and 84 per cent from livestock projects.

73. In May 1990, the implementing agency within the Ministry of Panchayat and Local Development was upgraded to a division and was given considerable support to execute its mandate. Additional recommendations from the evaluation suggested expansion of the pilot project to needy groups that were not yet covered, including urban women, and the upgrading of the implementing agency, the Women's Development Section, to a department in the Ministry.

D. Lessons learned: sectoral and cross-cutting strategies

74. This section summarizes more generally the findings of recent desktop reviews of evaluations on sectoral and cross-cutting strategies undertaken by the Evaluation Office in collaboration with the Programme Division. This is to complement the more rigorous, time-consuming and costly, major thematic evaluations that are carried out from time to time addressing issues such as external relations ("Evaluation and analysis of UNICEF's external relations policies and functions") and the ongoing growth monitoring thematic evaluation in eight countries. The major thematic and desktop reviews serve as a basis for global policy and strategy development and more effective mechanisms for maximizing the use of evaluations in technical assistance provided by UNICEF. They also can contribute to the establishment of a formal three- or four-year global evaluation rolling plan for UNICEF to ensure that the policy and strategy areas that are critical to UNICEF collaboration in the 1990s are evaluated and acted upon. Lessons learned from desktop and thematic evaluations are incorporated here.

Lessons learned for the planning and programming process

75. Observations from various evaluation reports on the management of planning and programming exercises have noted that clearly defined roles and responsibilities for the various agencies involved in a project are essential; better analysis of needs in specific locales should be made before priorities for programming are set; microlevel planning should be included; and activities should be related to objectives. The need for improved evaluation sections in plans of operation was also highlighted. There is a lack of

understanding of the role that monitoring plays in the identification of evaluations that should be included in the evaluation plan, and greater efforts should be made to obtain more cooperation and participation from local authorities.

76. Serious weaknesses in setting objectives have been noted in the reports. They include: inadequate technical and training support in setting objectives for newly recruited project staff; the need for well-defined, focused and realistic objectives that are commonly understood by all participants, including the community affected; and the inherent difficulty in establishing objectives in some fields (e.g., children in especially difficult circumstances). In brief, as one evaluation reports: "An adequate preparation of projects regarding technical management (objectives, goals/targets, methodologies, etc.), follow-up, evaluation and administration would prevent many of the sort of errors detected in this evaluation from being committed".

Sectoral reviews

Emergencies

77. Among the large number of emergency relief initiatives that are undertaken by the organization (almost 100 in the last decade), the evaluation of Operation Lifeline Sudan stands out as an exercise from which UNICEF can draw lessons to guide management decisions, policy and procedures. While there is a clear need for increased evaluation of emergency operations, studies prepared by UNICEF and by others have been used as a basis for changes in UNICEF policy. Many problems in handling emergency relief are traceable to the inexperience and shortage of staff, particularly at the start of emergency operations.

78. As an integral part of country programme management, the organization needs to give more importance to vulnerability studies which can provide early warning of potential emergencies. It also needs to make a serious effort to conduct needs assessments earlier, and on a regular basis, in emergency situations. Additionally, efforts are needed to streamline internal funding procedures, to clarify the relationships between different headquarters divisions, and between headquarters, the regional offices and the country offices. The Evaluation Office is currently working with the Emergency Office to devise a protocol for the evaluation of emergency programmes, and plans are being made for a number of coordinated evaluations of emergency programmes, to begin in 1992.

Health

79. While programmes to control acute respiratory infections (ARI) are in the early stages of development in most countries, experience thus far offers some important guidance. First, initial policy development should draw on the medical establishment in order to stimulate broad-based support for key issues, such as the acceptability of involving community health workers in the

diagnosis and treatment of ARI (Pakistan). Second, ethnographic surveys on mothers' attitudes and practices to ARI can increase understanding of traditional perceptions of serious illness and of the fear and concerns of mothers and families (Gambia). Third, the results of these surveys should be used to design more effective training strategies (Bolivia). Finally, baseline surveys on practices of pharmacists and other drug providers can serve as a basis for improving the prescription of antibiotics, a key component of standard case management (Thailand).

80. A review of the methodologies employed in 15 UNICEF-sponsored CDD programme evaluations completed during the past three years revealed the following: statistical analysis is underutilized in most of the evaluations; appropriate baseline data is often lacking; qualitative data is used infrequently despite its utility for identifying the causes of implementation problems; and some indicators are designed without appropriate attention to the policy for CDD programmes. Additionally, in April 1991 a joint UNICEF/WHO CDD assessment and strategy meeting reached consensus on several basic principles which derive, in part, from experiences with these programmes. These were: the need to support CDD at the national level (in addition to or as part of area-based primary health initiatives); the importance of clear national targets; and the essential role of sustained feeding in successful ORT.

81. Programme experience also indicates that increased attention to CDD is considered essential for at least three reasons: reducing diarrhoeal diseases is a precondition for achieving broader infant and child mortality reduction goals; progress in CDD will also contribute to reducing malnutrition among young children; and the means for achieving substantial reductions in diarrhoea-related mortality, especially deaths from acute watery diarrhoea, are well within reach.

82. EPI has been the most frequently evaluated programme area in UNICEF since 1987 when the organization began systematically to collect evaluation statistics. While most of these evaluations were coverage assessments, some additional attitudinal, behavioural and logistical information was obtained, allowing for modifications of programme approaches. For example, in India, a partnership with the Medical Association was developed to address the attitudes of doctors who inappropriately supported some contraindications for immunization. Furthermore, a change in attitudes towards measles immunization was facilitated through the design of effective social mobilization strategies based on knowledge, attitude and practice surveys of health workers and families. Almost all UNICEF-supported country programmes showed increased professionalism in their approach to the design of communication materials based on the findings of knowledge, attitude and practice studies.

83. Logistical evaluations led to improvements in kerosene refrigeration and heat markers for more effective cold-chain maintenance. The results of the recent emphasis on costing studies in more than 25 countries have shown that there is great cost variability, ranging from $7 to more than $25 per child, with an average of about $13 depending on the strategies used. (The average

figure was used to estimate the global resources necessary for maintaining the programme.) In general, EPI tends to be vertical and dependent on campaign-based implementation strategies. Thus "vaccination days" accounted for nearly half of the population of children vaccinated in some countries. Furthermore, the lack of integration with other health programmes in some cases increased costs and diverted time from routine health service delivery.

Area-based programmes

84. A review of 15 evaluations and 6 studies of urban basic services projects, carried out between 1986-1991, has identified a wide range of general lessons for planning and implementing these programmes. These are some of the findings: national and area-based programmes are mutually supportive, not mutually exclusive; non-existent links with national programmes and policies may prejudice implementation and sustainability; in identifying geographic limits for area-based programmes, access to services, the proven commitment of community and local Government, and the management capability of both are three crucial determinants; the nature of settlement patterns, whether concentrated or widely dispersed, can impact on the degree of ease with which the programme is planned and implemented, as well as on its cost-effectiveness; there is evidence that the social, economic and physical characteristics of urban communities are not fully assessed during the project planning stage, resulting in design and organizational deficiencies; in the initial phase, programmes may be small, labour-intensive, slow and costly, as appropriate local-level development models are being established; and, in general, gradual phasing-in of multisectoral implementation is advisable.

85. Some well-known examples of rural area-based programmes that have been evaluated include the Iringa nutrition programme in the United Republic of Tanzania, the rural integrated basic services programme in Ethiopia and the Mahaweli project in Sri Lanka. The Iringa programme showed marked successes in impact, community awareness and mobilization, and in going to scale. By the end of 1990, some 20 per cent of villages in the United Republic of Tanzania were covered, and by 1995, it is anticipated that the entire country will adopt this approach. Key contributory factors included the typical elements of area-based programmes: the "triple-A" approach, which describes the everyday process of decision-taking in which problems are assessed, their causes are analysed and actions are taken based on the analysis and available resources; human resources development; community ownership and participation; and the early provision of key services. The programme in Ethiopia also showed important results, including decreased food production hardship for women, improvements in child-care arrangements, increased access to health services and safe water, and self-financing social sector projects through innovative income-generating projects for women. The programme has now expanded to two other administrative regions.

86. The Mahaweli project in Sri Lanka was considered particularly successful in both impact and health coverage statistics, as well as in its success in integrating economic development and social sector activities within a "resettled" irrigated area. The management of information in the Ethiopian

programme and in the Mahaweli programme was relatively neglected due to a concentration on improved service delivery. When an area-based programme has a clear goal, as in the Indonesia child survival programme, it contributes to successes such as universal child immunization (UCI).

87. Evaluations of successful area-based programmes in Africa have underscored the importance of socio-political and administrative structures. A major factor in the success of the Ethiopian programme was the strong organization of the peasant associations and the nature of their links to the Government. Similarly, in Iringa, the formal administrative links provided by the party, between district officials and village leaders, was an important success factor. In general, the weaknesses of area-based programmes, not unlike other programmes, include inadequate involvement of the community, as well as deficiencies in design, organization, technology, costs and monitoring methods. The multisectoral nature of these programmes makes the evaluation process complex and, typically, single components have been reviewed even when interlinked to others.

88. When resources, institutional constraints or levels of experience preclude a national-scale definition of a UNICEF-supported programme activity, area-based projects appear to be a strategic option for establishing an initial foundation for broader programmatic and institution-building activities. The examples from India and the United Republic of Tanzania have shown that it is possible to influence national policy and to go-to-scale with the area-based programme concept, even in large countries.

Water supply and environmental sanitation

89. A review of some 40 evaluations of UNICEF-assisted programmes and projects in water supply and environmental sanitation has led to the following conclusions: the number of technologies used has been narrowed over the last 10 years to focus on appropriate models; based on the need for social acceptance and for low-cost and community-based maintenance, health impact studies have shown that it is equally or more important to provide adequate quantities of water than to focus on improved water quality, and that the combination with sanitation and health education provides for optimal impact; the provision of adequate water supply appears to be a more effective entry point to sanitation programmes (which still have relatively low implementation rates) than undertaking latrine construction prior to providing water supplies; since 1985, there has been increased focus on intersectoral approaches to linking CDD and environmental education in schools, although operationally this still requires attention; and while the need for community management is recognized and increasingly practised, community participation in decision-making is limited during the planning and design stages of the projects. Several evaluations indicate increased willingness of the communities to contribute cash to these projects, in some cases using rural credit institutions.

90. In conclusion, a major shift in programme strategies has taken place in the last 10 years from an emphasis on the technical aspects to social approaches, although the implementation of fully integrated approaches still needs considerable strengthening.

Cross-cutting strategy reviews

Bamako Initiative

91. The Bamako Initiative is a specific strategy endorsed by the African ministries of health which aims to revitalize basic health services, particularly in sub-Saharan Africa. Its objective is to improve the quality of care in public sector health services by improving the training of health workers and ensuring adequate supplies of essential drugs, thereby restoring confidence in healthy services and encouraging community members to participate in the management and financing of these services. A fundamental principle of the Initiative is that funds generated by communities are managed and controlled by the communities, for reinvestment in drugs and other local operating costs.

92. Evaluations of the Initiative in Benin (collaborators: Ministry of Health, WHO, Organisation de coordination et de coopération pour la lutte contre les grandes endémies, French bilateral cooperation, Centre International de l'Enfance, Institut de Médecine Tropicale (Antwerp) and Projet de développement sanitaire de Pahou) and in Guinea (Ministry of Health and WHO), have demonstrated the ability and willingness of communities to invest in health care services, leading to sustained operations. While affordability is an issue, the main factor affecting utilization is the quality of service as perceived by the public. The availability of drugs is the principal variable in tnis regard.

93. In the case of Benin, services have been judged by women to be "more affordable" if funds generated remain under community management. Recent studies in Mauritania (1990 and 1991) indicate that by increasing access of the population to services provided by trained and supervised health workers who are able to diagnose and treat common illnesses with essential drugs, there is an associated reduction of expenditures on health, resulting in savings by the population.

94. Five country case studies (Burundi, Guinea, Kenya, Nigeria and Uganda) were carried out in 1991 by the London School of Hygiene and Tropical Medicine (see E/ICEF/1992/L.20). These studies reviewed finance and community development within the overall ODA-sponsored evaluation of the Bamako Initiative. Although issues differ from country to country, all studies have noted the decided and well-organized community involvement in the management and financing of peripheral health care facilities. Response from district health offices in terms of supervision, in-service training and logistical support, however, has been found to depend directly on the resources available for this work.

Community participation

95. Community participation has been a common dimension of UNICEF programmes for many years, even before the articulation of the basic services strategy in the mid-1970s. Two recent areas of UNICEF policy, the Bamako Initiative and the new nutrition strategy, stand out as recent policy responses that reaffirm the importance of community participation in UNICEF-supported activities. The nutrition strategy was, in part, based on lessons learned about rural, area-based programmes, which did not involve communities in their planning, management and evaluation. A general lesson learned about community participation is that it is not only a way of assuring that scarce resources are used effectively, but also that actions are more likely to be accepted and sustained by the target population.

96. The rationale for locally targeted social mobilization activities in nationally managed programmes, such as UCI, has been to encourage community participation in an activity for which the initial plans have been made without local-level involvement. Social mobilization and UCI have been the focus of one of the thematic evaluations being coordinated by the Evaluation Office. The findings indicate that mobilization at the national level has been essential for sustained political support. Also, very effective mobilization has occurred at provincial and community levels, and while vital to campaigns, the potential of the mass media has, in some cases, been overestimated. Efforts that have relied more on social networks, such as religious channels, have often managed to spread their messages more effectively.

97. One of the principles of the UNICEF basic services strategy is the promotion of community participation in the planning, implementation and monitoring of development programmes, and the assumption of appropriate responsibilities for financial support and management. At the global level, UNICEF has promoted three evaluation methodologies (two have been discussed in the section on methodologies, and the third is presented in the nutrition section below), for which community participation is of central importance. These are community-based, epidemiological research, monitoring and evaluation; rapid assessment procedures; community-based nutrition surveillance.

98. A review of UNICEF involvement in participatory evaluations in Brazil, El Salvador, Peru and the Philippines noted that participatory evaluations have had varied levels of success. A further lesson drawn from the review is that there is a need to systematize ongoing experience and promote exchanges of information to support this process. A start in meeting this need was made in the Administrative Committee on Coordination joint session on monitoring and evaluation in 1991.

Nutrition

99. Evaluation results and programmatic experiences were central to the development of the new nutrition strategy which was approved by the Executive Board in 1990. Nutrition information systems, especially those which emphasize anthropometric data, were promoted by UNICEF throughout the 1980s as part of community-level CSD interventions and as a way to monitor structural adjustment at the central level. As these systems remain basic to the UNICEF nutrition strategy for the 1990s, there has been extensive discussion in UNICEF and in other institutions about the problems with such systems.

100. Over the last two years, the Evaluation Office and the nutrition cluster of the Programme Division have been coordinating two related investigations: an 8-country thematic evaluation of growth monitoring programmes; and a 10-country assessment of nutrition surveillance systems. Results of the first investigation show that, although between 50 per cent (in the worst cases) and 90 per cent (in the best cases) of randomly selected mothers can interpret growth curves in areas where such systems exist, there is little translation of this analytical ability into actions to promote child growth, neither at the household nor at the community level.

101. The evaluation found a number of deficiencies. Project planners seem to have paid little attention to lessons learned about growth monitoring activities (including those noted in the preceding paragraph) in the early 1980s; and the complexity of the process, the cost and the human resources needed to put good growth monitoring operations into practice have usually been underestimated. The findings of the investigation into nutrition surveillance systems are also relevant to growth monitoring activities. The reasons that these systems are not reaching their potential include little awareness of and interest in nutrition among key decision makers; a lack of national consensus about the nature of the nutrition problem; and a tendency to marginalize nutrition as a subsector of health and agriculture and to put responsibility for doing something about nutrition into the hands of relatively powerless nutritionists.

Operational and applied research

102. In addition to evaluations of specific projects, UNICEF country programmes have used operational and applied research components, with emphasis on supporting replicability and sustainability, to strengthen national capacities for essential research on children and to improve results at the community level. Areas of programme support have included all sectors and levels, from regional to local, with emphasis on technical cooperation among developing countries. In health, nutrition, and water supply and sanitation, the operational issues investigated have included improved infrastructure, logistics and maintenance, community-level surveillance capacity and social mobilization, as well as strategies for behavioural change.

103. With the emerging focus on child development, UNICEF is supporting a multi-country study to evaluate and develop instruments to measure the psycho-social development of young children. A programme that incorporates applied research is Namibia's 1992-1996 country programme. Partners in all these activities have included the host country counterpart ministries, local universities and regional institutions. There has also been inter-agency support, including WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP); bilateral and institutional support from the Royal Tropical Institute in Amsterdam, Epicentre in France, the Institution Superiore di Sanita in Rome, the Liverpool School of Tropical Medicine, Johns Hopkins School of Public Health in the United States and the United States Centers for Disease Control in Atlanta, Georgia.

Sustainability

104. The evaluation of sustainability in UNICEF-supported programmes should be addressed within the global and institutional context of the concept. For this, there is a continuing dialogue with national Governments and multilateral and bilateral development agencies, with the objective of developing a better definition of the strategies that would promote sustainability, broadly defined, as the continuation of programmes and projects after the termination of assistance from an external donor.

105. While a separate Executive Board report will review the theme of sustainability (E/ICEF/1992/L.7), at present the key factors that UNICEF identifies in addressing this issue are political, financial, managerial, technical and cultural. Therefore, among the programmatic topics that need to be addressed are the achievement of political commitment and consensus; the availability and generation of financial resources; effective management through community participation and decentralized decision-making, which necessitates the development and use of appropriate technical and informational networks; and implementation within the social and cultural context of the community. While most evaluations do address some aspects of sustainability, more systematic criteria should be built into the design of programmes so that sustainability is included as a key factor, and relevant indicators for evaluation are provided. Some country programmes are now addressing this issue through specific plans for sustaining the activities of programmes and projects after UNICEF support has ended.

106. At the sectoral level, there has also been a noticeable trend towards evaluating the sustainability of EPI. In some specific instances, evaluations have helped women and development programmes go to scale, a programmatic form of sustainability. These have been most evident in area-based programmes (United Republic of Tanzania and India). Sustainability analysis of women's activities has been one reason for the shift from income-generating activities based on grants to credit-oriented approaches and, recently, to support for traditional women's activities.

107. Under the Bamako Initiative in Africa, a number of community-based health delivery systems have been initiated, with a view to building sustainability through community management and community financing. These are being followed to determine their effectiveness in maintaining utilization rates and their funding base (Benin and Guinea).

108. A repeated finding of evaluations is that, in general, programmes in which beneficiaries have no voice experience greater difficulties in terms of coverage, post-implementation management and maintenance, and thus sustainability. Sustainability has been one of the specific issues addressed in 23 evaluations received at headquarters since 1987, covering the fields of health, nutrition, growth monitoring, social mobilization, rural development, women's income generation and water supply and sanitation.

Women in development

109. The 1986 and 1987 policy and strategy statements focused on the need to incorporate women into all sectoral programmes, moving away from segregated women-specific projects. This policy has been implemented in country programmes. The beginning of the 1990s saw the introduction of a new perspective on women and development, which focuses on the issue of gender as a factor in access to services. However, separate evaluations have continued, and sectoral evaluations do not routinely consider women's multiple roles and concerns.

110. A review of 62 evaluations of women's activities reveals that programmes have supported women's work through credit, child-care facilities and improved access to services. In addition, it reveals that marginal income-generating activities, which predominated a decade ago, are now decreasing. Programmes that grew in scale are those which provide well-planned and systematic access to productive credit. These are increasingly being used as entry points for other services such as health and literacy. Evaluations, up to this time, have concentrated on the extent to which women were beneficiaries of UNICEF inputs, not on the various aspects of their participation. However, women's participation in the evaluation process has been most evident in area-based programmes.

111. Process monitoring and evaluation have been important in scaling-up some programmes, but such approaches have not been balanced with other evaluation methodologies that emphasize measurable and physical targets. Sectoral guidelines and checklists on gender issues for different stages of the programme process are still needed. Basic indicators for determining programme impact on women should be included in the terms of reference of all evaluators.

IV. STRATEGY: MEETING THE CHALLENGES OF THE GOAL-ORIENTED APPROACH TO PROGRAMMES IN THE 1990s

112. As UNICEF moves in all programme areas towards the goal-oriented approach to programme support, related capacity-building and institutional-strengthening will be required, country by country, during the 1990s. Over the next two years, given the existing level of programme activity and the proposals for strengthening the evaluation function, UNICEF will be better prepared to address the important questions of how much evaluation is appropriate and how much time should be devoted to this critical activity, while maintaining the correct balance with other programming demands.

A. Weaknesses that need to be addressed

113. An analysis of the sectoral distribution of evaluations shows that given the organizational priorities, health has been the focus of more than half of the evaluations conducted by UNICEF over the past four years and, within this field, immunization and CDD have comprised 60 per cent of all health evaluations. Given the high priority accorded to UCI and ORT in the late 1980s, this was appropriate, but if UNICEF is to shift to supporting seven major goal-related programme areas in the 1990s, there must now be a representative distribution of evaluation efforts across all sectors.

114. Programme Division advisers now play an important role in screening evaluations and research carried out by other institutions on non-UNICEF-assisted activities, and they feed this information into the policy-making and technical assistance process. This activity needs to be more systematized so that greater advantage can be taken of the knowledge gained from the evaluation efforts of other institutions.

B. Strengthening the role of UNICEF country offices in the 1990s

115. The goal-oriented approach to programme delivery, which started in the 1980s in the area of CSD, has now been extended much more broadly across the array of programmes and projects supported by UNICEF. The organization's ability to assist countries in achieving their goals will now depend as much upon direct programme assistance, as it will on capacity-building and institutional-strengthening.

116. A priority activity of the organization will be to continue supporting country offices so that they can strengthen their role as knowledge centres on women and children. The objective is that offices should integrate and manage evaluation activities so that they play a dynamic role at a number of levels: in the screening and identification of project opportunities; in orienting and verifying programme implementation; in influencing national policy and approaches to donors when warranted; in justifying withdrawal or sustained support to activities; in shaping the profile of new country programmes and new initiatives; and in fortifying the scientific basis for advocacy.

117. This means improving the ability of all country offices to become major reference points in each country for basic knowledge, technical assistance, advocacy, capacity-building and institutional-strengthening on issues for women and children. This is important given the challenges that each nation faces in assuring that goals and objectives for women and children, decided on by the country, are realized. The need to address issues of capacity-building, institutional-strengthening and management assistance to Governments and other partners is of critical importance if countries are to enhance their capacity for applied and operational research, monitoring and evaluation and, consequently, national policy-making and programming.

C. Fortifying management of the evaluation process

118. The challenge of the 1990s requires that UNICEF place greater emphasis on evaluation activities that are better planned and more rational. This implies going beyond increasing the numbers, the quality and the use of evaluation at the individual project level, to managing the evaluation process itself more systematically and effectively.

119. While the country situation analysis on women and children is the best produced and most widely-used research output of the organization, the mid-term review is also a very significant evaluative activity in the country programme process. Likewise, certain points in the development of a new country programme provide opportunities for assuring that all previous evaluative results are brought to bear on the programming process itself. Country and regional offices will have to ensure that the best use is made of the evaluative dimensions of these processes.

120. Country offices will have to improve their ability to plan more systematically to budget for evaluation, to manage the process more effectively and to make better use of evaluation findings in taking corrective action during the programming cycle and in the formulation of new country programmes.

121. Regional offices will continue to expand their role to develop and organize evaluation training at regional and country levels; to use the existing Evaluation Office database for reviewing the evaluation situation in each region so as to facilitate their participation in evaluation reviews during mid-term reviews and the country programme preparation process; and to participate with the Evaluation Office in improving the evaluation database to meet the requirements of regional and country offices. Once the new database system is operational, the regional office will play a key role in using this to systematize the development of a learning process at the regional level for programme and policy development.

122. In addition to reporting on individual evaluations in the Evaluation Newsletter, the Evaluation Office will periodically prepare and circulate a separate issue on lessons learned by programme area. Lessons learned from recent evaluations will also become a standing item on the agenda of each

biannual regional representatives' meeting, the biannual meetings of regional directors and at the Deputy Executive Directors' meetings with the Executive Director, as required.

V. RECOMMENDATIONS

123. The significant increase in evaluation activities and results during the 1980s has had a noticeable impact on the quality of the organization's work and thinking in those fields that were the major emphasis of past evaluation efforts. The challenge now is to ensure that evaluation efforts and results are given greater importance across all fields of activity and at all levels, in a more systematic and representative way.

124. Therefore, the Executive Director recommends that the Executive Board adopt the following recommendations:

(a) In order to assure that all programme areas supported by UNICEF in a country are evaluated in the course of a specific country programme, the Executive Board should reaffirm its decision 1990/4 (E/ICEF/1990/13) that a past review of evaluations and their use as well as a summary of the evaluation plan and structure be included in all country programmes submitted to the Executive Board, that it include evaluations in all of the programme areas assisted;

(b) Evaluation at the country programme level, besides being a project focused effort, should increasingly address programme-level activities and should assess, in a more integrated manner, urban and rural area-based services programmes;

(c) UNICEF should complete the development of, and make available, an enhanced evaluation database at country, regional and global levels to monitor evaluation implementation and to facilitate the learning process;

(d) Headquarters, regional and country offices should examine and, when necessary, take steps to ensure that, as part of the next budget process, the necessary financial and staff resources are available for implementing evaluation plans and for monitoring the use of results;

(e) A three- or four-year thematic rolling evaluation plan should be established as the basis for guiding the assessment of the principal programme areas, strategies and critical factors relevant to UNICEF collaboration, and should be the basis for guiding policy and programme development. Critical factors assessed should include the sustainability of programme action, impact on the poorest groups, development and empowerment benefits for women, stimulation of community participation, social mobilization and the achievement of cost-effectiveness;

(f) Joint evaluations with donors should be continued and intensified. Collaboration with other international and bilateral organizations on operational and applied research, as well as evaluations, should be reinforced where ongoing and should be initiated where it is relevant to areas of activity not yet receiving appropriate attention;

(g) Steps should be taken to strengthen collaboration with Governments on evaluation in order to address the capacity-building and institutional-strengthening requirements through the country programme. Emphasis should be on national and local institutions at the country level, and on inter-institutional links between countries. When useful and required, links with institutions with an international outreach should be encouraged;

(h) Over the next two years, in the context of an overall organizational emphasis, priority for evaluation capacity-building and institutional-strengthening should be given to selected countries in sub-Saharan Africa. In order to improve problem-solving, decision-making and budgeting processes, special attention should be paid to strengthening both subnational and national capacities to assess and plan programme activities, based on evaluation results.

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FOR ACTION

REORGANIZATION AND CONSOLIDATION OF GLOBAL FUNDS

SUMMARY

Prepared in response to Executive Board decisions 1991/17 and 1991/30 (E/ICEF/1991/15), the present document describes the evolution and current status of UNICEF global funds. The Executive Director recommends that all UNICEF global funds be reorganized and consolidated into four principal funds: the Interregional Fund for Programme Preparation, Promotion and Evaluation; regional funds; the Emergency Programme Fund; and the Programme Fund for the 1990s Goals. Proposals for the four global funds will be submitted to the Executive Board for approval on a biennial basis in a single document with the programme budget, and in the same cycle as the administrative and programme support budget cycles. The Executive Director further recommends that the proposed consolidation take effect from the biennium 1994-1995 and proposes transitional arrangements for the biennium 1992-1993.

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INTRODUCTION

1. At its 1991 regular session, the Executive Board adopted two decisions (decisions 1991/17 and 1991/30 (E/ICEF/1991/15)) regarding the global and interregional programmes and other special-purpose funds, requesting, inter alia, proposals for merger or consolidation of funds with similar objectives or characteristics, a comprehensive overview of UNICEF requirements and activities to be funded by these funds, specific criteria for the establishment of posts from these funds and criteria for the establishment of new global, interregional or special-purpose funds.

2. The administrative and budgetary aspects of the funds have been examined by a Reference Group consisting of nine Executive Board delegates and are reflected in the Executive Director's recommendations in the report on "The structure and format of budget documents: proposed format for global funds programme budgets" (E/ICEF/1992/AB/L.1). The present document focuses on the reorganization and consolidation of global funds and transitional arrangements until the end of 1993, when the funds will be in the same cycle as the administrative and programme support budget for the 1994-1995 biennium.

I. CURRENT STATUS OF GLOBAL FUNDS

3. The term "global funds" includes global programme support funds, global programme reserves and interregional and regional programmes. An information note on global reserves and interregional programmes prepared for the 1991 regular session of the Executive Board (E/ICEF/1991/P/L.43) provided a list of the following 17 global funds currently in existence:

(a) Programme support funds:

(i) Interregional Fund for Programme Preparation, Promotion and Evaluation (IFPPE);

(ii) Regional support for Programme preparation, promotion and evaluation (regional IFPPE);

(b) Programme reserves:

(i) Emergency Reserve Fund (ERF);

(ii) Mortality Reduction Reserve (MRR);

(iii) Bamako Initiative;

(iv) Basic Education Reserve;

(c) Interregional programmes:

(i) Essential drugs;

(ii) Food and nutrition surveillance;

(iii) Child monitoring;

(iv) Dracunculiasis (guinea worm) eradication;

(v) Acquired immune deficiency syndrome (AIDS);

(vi) Nutrition;

(vii) Global communication;

(viii) Environment;

(ix) Children's Vaccine Initiative;

(x) Iodine deficiency disorders (IDD);

(xi) Children in especially difficult circumstances.

4. Of the above-mentioned global funds, all are continuing reserves or programmes except for the interregional nutrition programme, which existed only for two years and expired in 1991, as its purpose was to introduce the new nutrition strategy approved by the Executive Board in 1989.

II. CONTEXT AND EVOLUTION OF GLOBAL FUNDS

5. UNICEF was founded in 1946 in response to the needs of children in war-ravaged Europe and Japan. Its activities were extended to developing countries in the late 1940s and the 1950s. During that period, UNICEF emphasized the provision of supplies and of food and milk technology.

6. In the 1950s and 1960s, the concept and practice of national planning was adopted by many newly independent countries and the UNICEF response to their needs also changed with the introduction of country programme planning based on projects envisaged in national development plans. In order to avoid having to prepare numerous separate programme submissions to the Executive Board for all those countries, the Interregional Fund for Programme Preparation (IFP) was established by the Executive Board in 1962.

7. However, by 1970 it was recognized that in order to meet children's needs effectively, UNICEF programmes of cooperation needed to be multisectoral, not only because of the diverse needs of children, but also because of the positive impact of different sectoral interventions that are focused and interrelated. It was also recognized that meeting the basic needs of

populations, especially of the poor, required special focus and programming. This realization led to the development in the 1970s of the concept of the basic services strategy, which was endorsed by the General Assembly in 1975.

8. The basic services strategy involves a programme approach and the provision of basic child health, education, nutrition and water supply and sanitation services in a national framework, using appropriate technology and community participation as fundamental programme approaches. The role of women is recognized as a significant element in the strategy, as is the concept of working at subnational levels.

9. The adoption of the strategy entailed not only fitting supplies and equipment to meet national needs, but also strengthening countries' knowledge bases for efficient and effective operational support. There was networking to share knowledge gained and to "learn through doing", thus strengthening headquarters and regional knowledge bases for effective policy development and operational support. All these activities were supported by IFP, which also provided support to higher-income countries without specific country programme allocations.

10. In the early 1980s, the basic services strategy evolved further into "national and universal coverage" of programme delivery services, which was the most effective means of programme delivery and the best insurance of reaching the disadvantaged and unreached. Advocacy, policy dialogue and social mobilization were found to be necessary prerequisites if the programmes were to reach populations beyond those in selected areas. The institutionalization of learning from experience through evaluations was also found to be essential, which led to the incorporation of programme promotion and evaluation into IFP; the fund was renamed IFPPE in 1984. In 1991, the Executive Board approved a proposal to separate the regional elements of IFPPE.

11. In 1983, the Executive Board endorsed the concept of child survival and development (CSD) as the principal programme thrust of UNICEF, with the reduction of infant and child mortality as its principal objectives. While the CSD "package" contained seven principal low-cost, high-impact elements, immunization and oral rehydration therapy (ORT) became its most prominent and advanced programme thrusts.

12. Because UNICEF programmes of cooperation are prepared for periods of up to four or five years and are adjusted annually or through mid-term reviews with the approval of Governments, national initiatives in pursuit of common goals can often be delayed or not implemented at all if outside support is unavailable. In order to seize opportunities as they emerged within the approved programme framework and also to serve as a catalyst for actions to accelerate the programme process, the Infant Mortality Reduction (IMR) Reserve was established in 1983 to provide small amounts of additional or interim support for activities directly related to the reduction of infant mortality. The IMR Reserve was broadened in 1985 to include concerns for children five

years of age and under and renamed the Under-Five Mortality Reduction (U5MR) Reserve.

13. As described in document E/ICEF/1992/AB/L.1, the purpose of the U5MR Reserve was not just to supplement the country programme, but also to provide short-term support for new priorities, particularly for countries in the middle of four- or five-year programmes that could not easily adopt new priorities within the limits of their country programme ceilings. The IMR (and later U5MR) Reserve played a major role in accelerating country actions in support of immunization, ORT and other elements of UNICEF-assisted child survival programmes. Without the catalytic support of the IMR Reserve and the U5MR Reserve, it is doubtful that universal childhood immunization could have been achieved in 1990. As UNICEF increased its focus on women, the mandate of the U5MR Reserve was broadened in 1991 to include maternal mortality reduction and renamed MRR.

14. In the late 1980s, in the light of developments such as the introduction and adoption of a series of health goals by the World Health Assembly, the Bamako Initiative, the AIDS pandemic, the new opportunities provided by the World Conference on Education for All and the rising number of children in especially difficult circumstances, the Executive Board approved a number of interregional programmes and reserves (see para. 3 above) to respond to those situations and to pay adequate attention to the pursuit of goals at global, regional and country levels, from policy development to field support.

15. ERF was established in 1971 to respond to the needs of children and women affected by natural disasters, epidemics and man-made crises. The growing number, complexity and magnitude of emergencies around the world have led UNICEF to play an increasingly critical role in mobilizing resources for victims of drought, famines, typhoons, earthquakes, situations of armed conflict and wars, in collaboration with other United Nations and international agencies and non-governmental organizations. Although the ERF allocation was $1 million when the fund was first established in 1971, it was raised to $3 million in 1980, $4 million in 1990 and $7 million in 1991 in order to respond adequately to the increasing number of natural and man-made crises around the world. Allocations from ERF are made by the Executive Director and his designated officials according to the level of allocations and the fund is later partially replenished by donors. Thus, the fund was able to provide $11.7 million in 1991, $4.7 million more than the initial level.

III. REORGANIZATION AND COORDINATION

A. Proposed funds and their objectives

16. With progress in child survival efforts in recent years, especially in the reduction of infant and child mortality, the question of sustainability of these gains and the need to focus on a coherent set of goals and strategies encompassing child survival, protection and development have emerged as major

concerns. The goals and strategies for children in the 1990s were thus approved by the Executive Board in 1989. The international community articulated similar goals in different forums such as the World Conference on Education for All and the World Summit for Children and by adopting and ratifying the Convention on the Rights of the Child. The major challenge for the 1990s is how to promote effectively the programme actions and strategies to adapt the global goals to national circumstances and how to support the implementation of the goals in each country. In the light of evolving needs, a consolidation of the array of existing funds is necessary in order to direct resources to supporting the main programme thrusts of the 1990s, including programme preparation and evaluation. Therefore, the Executive Director proposes that all global funds be reorganized and consolidated as follows:

(a) IFPPE;

(b) Regional funds;

(c) Emergency Programme Fund (EPF);

(d) Programme Fund for the 1990s Goals (PF90s).

17. The global funds will have the following general objectives:

(a) To provide technical and material support to countries for the introduction and acceleration of actions in priority areas of UNICEF programmes of cooperation in the middle of a normal five-year programme cycle, and to build capacities for sustainable programmes;

(b) To provide technical and material support from headquarters and regional offices to countries in the areas of programme development, implementation and evaluation;

(c) To promote awareness of children's needs and problems at regional and international levels; to articulate goals, priorities, policies and strategies for meeting children's needs; and to help mobilize support and resources for programmes for children and women;

(d) To support inter-institutional cooperation and collaboration, including networking and experience exchanges, at international, regional and intercountry levels. (See document E/ICEF/1992/AB/L.1, paras. 9-13, for a more complete discussion of the objectives of global funds.)

18. While the scope and function of IFPPE and EPF will remain essentially unchanged, the regional funds will consolidate all programmes managed at the regional level, including regional funds for programme preparation, promotion and evaluation. They will be consolidated for each region as well as for all six regional proposals when submitted to the Executive Board for approval or reporting.

19. PF90s will consolidate all the programme reserves and interregional programmes into one fund, with the following sectors:

(a) Health (incorporating activities previously covered by MRR and interregional programmes for the Bamako Initiative, essential drugs, AIDS, dracunculiasis eradication and the Children's Vaccine Initiative, but now also including healthy lifestyles for youth);

(b) Nutrition (incorporating programmes for IDD and food and nutrition surveillance, but now also including activities on other micronutrients and the reduction of severe and moderate malnutrition);

(c) Water supply and sanitation (new);

(d) Education;

(e) Children in especially difficult circumstances;

(f) Women (new);

(g) Child monitoring;

(h) Environment;

(i) Global communications support.

20. The above nine sectors in PF90s will have separate sub-allocations that will be transferable to other subsectors or sectors, within established rules. They will all contribute individually and collectively to the goals and strategies for the 1990s endorsed by the Executive Board.

21. The consolidation covers all existing reserves and interregional programmes. The proposed new sectors are for nutrition, water supply and sanitation and women. The new nutrition sector will not only consolidate the existing interregional programmes on IDD and food and nutrition surveillance, but also provide support to combat other micronutrient deficiencies, including vitamin A and iron-deficiency anaemia; the protection, promotion and support of breast-feeding; and measures to reduce severe and moderate malnutrition, based essentially on the "triple-A" (assessment, analysis, action) approach.

22. The new sectors for water supply and sanitation and women have been proposed because they are principal areas where strengthened support will contribute to the balanced growth of activities in support of children in the 1990s.

23. The Vaccine Independence Initiative is not an interregional programme and will function as a revolving fund for vaccines, as originally envisaged.

24. It is estimated that, on average, 25 per cent of global funds will be spent at headquarters, while 75 per cent will be allocated to field

programmes. Headquarters expenditure is expected to be about 3 or 4 per cent of total programme expenditure.

B. Operational features of global funds

25. The operational features of global funds, including the programme budget formats to be used, are described in detail in document E/ICEF/1992/AB/L.1. The significant features of the new operational arrangements are described below:

(a) All four global funds will be presented to the Executive Board in a single document;

(b) They will be submitted biennially in line with the administrative and programme support budget cycle, starting with the biennium 1994-1995. The first consolidated submission will be submitted to the Executive Board at its 1993 regular session;

(c) The budget breakdowns will be provided, as outlined in document E/ICEF/1992/AB/L.1;

(d) The need for the establishment of staff posts will be mentioned in programme budgets, but scrutinized through the usual established channels (the Budget Planning and Review Committee and the Advisory Committee on Administrative and Budgetary Questions) before submission to the Board for approval;

(e) The reports on the use of global funds will be submitted biannually to the Executive Board, including expenditures against the budget originally approved while explaining the reasons for the variance;

(f) Global funds will be managed through a high-level committee of senior UNICEF staff similar to the current Child Survival and Development Committee.

C. Criteria for new global funds

26. It is not foreseen that any new global funds will be needed during the 1990s, since the proposed funds should be able to cover all possible unforeseen initiatives and activities in support of the goals and strategies for the 1990s. However, if any new funds are required, they will be programmed as a part of IFPPE, regional funds or PF90s and submitted to the Executive Board for approval.

D. Transitional arrangements

27. Until the new arrangements come fully into force in 1994, the following transitional arrangements are proposed:

(a) A programme proposal will be submitted to the 1992 regular Board session for new sectors and for the PF90s sectors that expired in 1991. The proposal will be for bridging operations in 1992 and 1993 and will be contained in a single document;

(b) At the 1993 regular Board session, a single proposal will be submitted for all funds.

IV. RECOMMENDATIONS

28. The Executive Director recommends that:

(a) The global funds be reorganized and consolidated into the following four funds:

(i) IFPPE;

(ii) Regional funds;

(iii) EPF;

(iv) PF90s (covering health, nutrition, water supply and sanitation, education, children in especially difficult circumstances, women, child monitoring, environment and communications);

(b) The reorganized structure come fully into force from 1994;

(c) A single proposal for global funds be submitted to the Executive Board at its 1993 regular session for the biennium 1994-1995, in line with the administrative and programme support budget.

29. The Executive Director further recommends that transitional arrangements be made for 1992 and 1993, including the approval of a proposal for some sectors whose support funds have expired or will expire before 1993.